Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name:	Librac	10 Pable	Almonza	
Date Received: 2/22	-/13 A	pplicant Number: _	10529	
Recommended Applicant Pool Status: Final Applicant Pool Status:				
	emoved	Mincluded	Removed	
Z-Iniciades.				
REQUIREMENTS: 1. Was the application received.	l before the submi	ssion deadline?	ØYes □No	
If NO, list time/date application was received:				
2. Is the application complete? If NO, list the item(s) that need to be completed:				
3. Indicate how the applicant responded to the following questions:				
A. Student enrolled in a college/university in the City of Austin?			□Yes □No	
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:				
i. Reside in the Cit	y of Austin?		∐Yes □No	
ii. Registered to vo	te in the City of Au	ıstin?	∐Yes □No	
iii. Continuously re	gistered to vote in	the City of Austin?	☑Yes ☐No	
iv. Voted in 3 of the	e last 5 City of Aus	tin general elections?	☐Yes ☐No	
❖ Follow-up needed related to If YES, identify issue(s) an	o REQUIREMENTS: ddressed and dispo	e esition:	□Yes ☑No	

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<u>CO</u>	DNFLICTS OF INTEREST:	
4.	Did the applicant respond "Yes" to any conflict of interest questions	s? Dyes DNo
-**	If YES, indicate which question(s):	
	, , , , , , , , , , , , , , , , , , ,	
		,
<u>.</u>	Follow-up needed related to CONFLICTS OF INTEREST?	□Yeş □No
*	If YES, identify issue(s) addressed and disposition:	
	9 1409 1401199 14011999 1	
<u>C(</u>	ONSISTENCY:	
		☐Yes ☐No
5.	Are applicant answers consistent? If NO, indicate which answer(s):	
	IJ NO, INDICALE WIIICH વારિખદાદ્વગુ-	
÷	Follow-up needed related to CONSISTENCY?	□Yes □No
*	If YES, identify issue(s) addressed and disposition:	
	g 160, wenty, movele, westerness.	
	Position Provided	w Date:
A	аррисатіоп кеviewea ву:	Landon
1	Quality Control Review By:QCRes	view Date:2 2 3

_____ Date: _____

NIA

Follow-up Contact(s) Reviewed By: